

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	19-0412
Date:	11-19-19
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input checked="" type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Scott + Renate Hauser				Mailing Address: 87380 Betzold Rd Bayfield, WI 54814				City/State/Zip: Bayfield, WI 54814				Telephone: 715.779.3274			
Address of Property: 87380 Betzold Rd				City/State/Zip: Bayfield, WI 54814								Cell Phone: 715.209.0940			
Contractor: none				Contractor Phone:				Plumber:				Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s)) none				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID# 4347				Recorded Document: (i.e. Property Ownership) 64-006-2-50-04-02-3					
NE 1/4, SW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page 1083 981		Lot(s) No.		Block(s) No.		Subdivision:	
Section 02, Township 50 N, Range 04 W						Town of: Bayfield						Lot Size		Acreage 40.20	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 300,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____		<input type="checkbox"/> 4	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input checked="" type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input type="checkbox"/> _____		<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input checked="" type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Conditional Use: (explain) business on 1st floor of house	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Renate Hauser Scott A Hauser
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

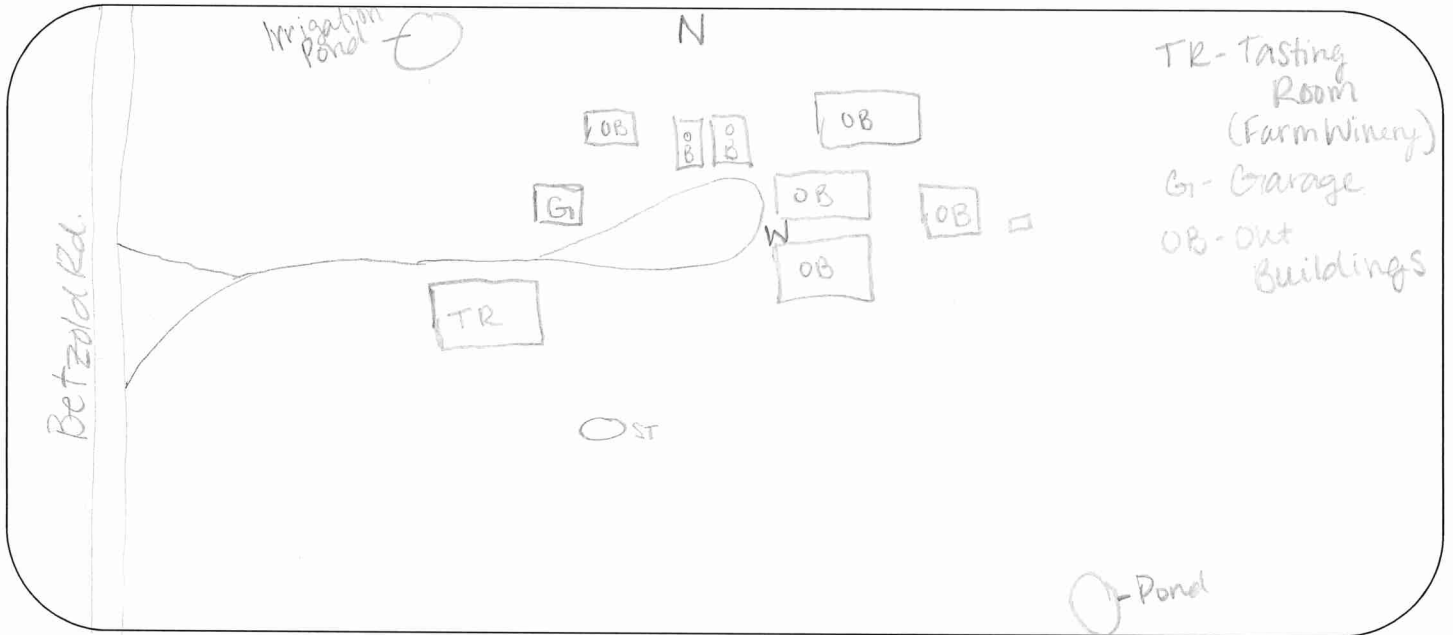
Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures** on your Property
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	328 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	295 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	603 Feet		
Setback from the South Lot Line	650 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	295 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	908 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	50 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: **ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.**
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>None on file</u>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>19-0412</u>		Permit Date: <u>11-19-19</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Fence/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: <u>NA</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: <u>NA</u>		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Use permit</u>	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <u>Existing Business No permit on file.</u>				Zoning District <u>(A31)</u>
				Lakes Classification <u>(-)</u>
Date of Inspection: <u>1/14/2019</u>		Inspected by: <u>Robert Schierman</u>		Date of Re-Inspection:
Condition(s): <u>Town, Committee or Board Conditions Attached?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				
<u>Per Conditions of Planning & Zoning Committee Approval</u>				
Signature of Inspector: <u>[Signature]</u>				Date of Approval: <u>4/3/2019</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **Required**
SANITARY – **19-147S**
SIGN –
SPECIAL –
CONDITIONAL – **X (3/21/2019)**
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0412** Issued To: **Scott & Renate Hauser**

Location: **NE** ¼ of **SW** ¼ Section **2** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot Lot Block Subdivision CSM#

For: **Operation of a farm winery on the first floor of the farm house (with some hyper local food prepared)**

(Disclaimer): The Planning and Zoning Department **does not** authorize the beginning of any construction or land use; **you must first obtain land use application(s)/permit card(s)** from the Planning and Zoning Department. **You (the property owner) shall fulfill** the conditions placed by the Board of Adjustment; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s): **Existing Septic System be evaluated and brought up to code prior to the issuance of the permit.**

NOTE: Conditional Use permit shall automatically terminate 12 months from its date of issuance if the authorized building activity, land alteration or use has not begun within such time. If your Conditional Use is discontinued for 36 consecutive months, the permit authorizing it shall automatically terminate, and any future use of the building(s) or property to which the permit pertained shall conform to Ordinance.

Changes in plans or specifications shall not be made without obtaining approval from Planning and Zoning Committee. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

November 19, 2019

Date